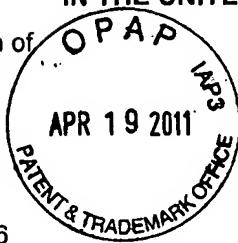


## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty RYM-36-1962  
Dkt.C# M#  
2629

HARDWICK

Serial No. 10/572,967

Filed: March 21, 2006

Title: HAPTICS TRANSMISSION SYSTEMS

Jfw  
AF

**RESPONSE UNDER RULE 116  
EXPEDITED HANDLING  
PROCEDURES**

Examiner: Sadio, Insa

Date: April 19, 2011

**MAIL STOP AF**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**RESPONSE/AMENDMENT/LETTER**

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment previously paid for	20	(at least 20) =	10	minus highest number 0 x \$52.00	\$0.00 (1202)/\$0.00 (2202)	\$ 0.00	
Independent claims after amendment previously paid for	3	(at least 3) =	2	minus highest number 0 x \$220.00	\$0.00 (1201)/\$0.00 (2201)	\$ 0.00	
If proper multiple dependent claims now added for first time, (ignore improper); add							
						\$390.00 (1203)/\$0.00 (2203)	\$ 0.00
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s)							
One Month Extension \$130.00 (1251)/\$0.00 (2251)							
Two Month Extensions \$490.00 (1252)/\$0.00 (2252)							
Three Month Extensions \$1110.00 (1253)/\$0.00 (2253)							
Four Month Extensions \$1730.00 (1254)/\$0.00 (2254)							
Five Month Extensions \$2350.00 (1255)/\$0.00 (2255) \$							
Terminal disclaimer enclosed, add						\$140.00 (1814)/ \$0.00 (2814)	\$ 0.00
<input type="checkbox"/> Applicant claims "small entity" status. <input type="checkbox"/> Statement filed herewith							
Rule 56 Information Disclosure Statement Filing Fee						\$180.00 (1806)	\$ 0.00
Assignment Recording Fee						\$40.00 (8021)	\$ 0.00
Other:						\$	<b>0.00</b>
						<b>TOTAL FEE</b>	<b>\$ 0.00</b>

 **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor  
Arlington, Virginia 22203-1808  
Telephone: (703) 816-4000  
Facsimile: (703) 816-4100  
RYM:dmw

NIXON & VANDERHYE P.C.  
By Atty: Raymond Y. Mah, Reg. No. 41,426

Signature: 